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Joseph Capano, PHM
Executive Director

James Santasiero, PHM
Assistant Executive Director

Cliffside Park Housing Authority

Voucher Extension Request

Name: _____

Voucher #: _____

Current Address: _____

Date Voucher Received: _____

Date Voucher Expires: _____

Request for Extension:

Please write an explanation as to why you have been unable to obtain a suitable apartment within the given 60-day period. Include any and all information you think would be necessary to explain your situation. Keep in mind that the information you provide is what the Cliffside Park Housing Authority will use to determine if you are eligible for a voucher extension.*

_____ (continued on back)

____ Approved New Expiration Date: _____ Type of Extension: _____

____ Denied

Joseph Capano, Executive Director

Maria Scala, HCV Coordinator

Voucher Holder

*Please note: the Cliffside Park Housing Authority reserves the right to approve or deny an extension on a case-by-case basis.